

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
BU12
COMPARISON OF PREMIUMS

Benefit Plan	Type of Enrollment	Premium Eff 7/1/09	Admin Fee	Total Contribution Required	FY09 Premium	Difference
MEDICAL PLANS						
EUTF PPO (HMA) RSN Chiropractic	Self	\$244.46	\$2.14	\$246.60	\$198.62	\$47.98
	Two-Party	\$611.89	\$4.49	\$616.38	\$494.48	\$121.90
	Family	\$792.58	\$6.56	\$799.14	\$635.70	\$163.44
EUTF PPO (HMSA) RSN Chiropractic	Self	\$250.64	\$2.14	\$252.78	\$203.40	\$49.38
	Two-Party	\$627.39	\$4.49	\$631.88	\$506.46	\$125.42
	Family	\$812.60	\$6.56	\$819.16	\$651.18	\$167.98
EUTF Prescription Drug (NMHC)	Self	\$42.63	\$0.61	\$43.24	\$31.68	\$11.56
	Two-Party	\$106.82	\$1.28	\$108.10	\$80.96	\$27.14
	Family	\$138.41	\$1.87	\$140.28	\$110.54	\$29.74
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$332.77	\$2.75	\$335.52	\$260.04	\$75.48
	Two-Party	\$833.17	\$5.77	\$838.94	\$649.94	\$189.00
	Family	\$1,079.37	\$8.43	\$1,087.80	\$842.82	\$244.98
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$251.19	\$2.75	\$253.94	\$246.18	\$7.76
	Two-Party	\$627.19	\$5.77	\$632.96	\$613.64	\$19.32
	Family	\$812.16	\$8.44	\$820.60	\$795.56	\$25.04
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$222.27	\$2.75	\$225.02	\$221.34	\$3.68
	Two-Party	\$554.91	\$5.77	\$560.68	\$551.52	\$9.16
	Family	\$718.48	\$8.44	\$726.92	\$715.08	\$11.84
EUTF Supplemental (HMSA) NMHC Prescription Drug RSN Chiropractic	Self	\$172.85	\$2.75	\$175.60	\$142.12	\$33.48
	Two-Party	\$435.39	\$5.77	\$441.16	\$356.80	\$84.36
	Family	\$569.91	\$8.43	\$578.34	\$467.84	\$110.50
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$53.87	\$2.75	\$56.62	\$56.62	\$0.00
	Two-Party	\$133.97	\$5.77	\$139.74	\$139.74	\$0.00
	Family	\$148.96	\$8.44	\$157.40	\$157.40	\$0.00
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$276.83	\$2.75	\$279.58	\$218.16	\$61.42
	Two-Party	\$694.81	\$5.77	\$700.58	\$545.80	\$154.78
	Family	\$901.79	\$8.43	\$910.22	\$708.72	\$201.50
DENTAL PLAN						
HDS Dental	Self	\$30.48	\$0.30	\$30.78	\$28.24	\$2.54
	Two-Party	\$60.92	\$0.66	\$61.58	\$56.54	\$5.04
	Family	\$100.40	\$0.94	\$101.34	\$93.02	\$8.32
VISION PLAN						
VSP Vision	Self	\$5.98	\$0.06	\$6.04	\$6.04	\$0.00
	Two-Party	\$11.06	\$0.12	\$11.18	\$11.18	\$0.00
	Family	\$14.45	\$0.17	\$14.62	\$14.62	\$0.00
LIFE INSURANCE						
Standard Life Insurance	Employee	\$4.12	\$0.04	\$4.16	\$4.16	\$0.00